GDO MAPPING AND DOCUMENTATION
USAID/NIGERIA

DRAFT REPORT

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GDO MAPPING AND DOCUMENTATION REPORT
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EXECUTIVE SUMMARY

The General Development Office of USAID/Nigeria asked this Team to conduct a data collection and analysis exercise as it lays the groundwork for the development of its new strategy for 2004-2009. Data from this documentation and mapping exercise will be critical in terms of identifying GDO's future programmatic and geographic directions, and capitalizing on opportunities for increased collaboration and program synergy.

Specifically, the Team was asked to supplement information gathered under the previous two assessments to include the activities of Education IPs, new GDO IPs such as the AIDS Alliance, Netmark, ARCH and IITA; to identify LGAs benefiting from GDO-supported interventions; to document target populations served; and to document current support for health and education by other major donors. Further, the Team studied different working partnerships currently in place and discussed opportunities to strengthen collaboration with donors and IPs.

Over the course of this consultancy, the Team interviewed 16 GDO IPs, 15 donors, and other relevant stakeholders. It produced 10 focal state maps, 16 IP profiles, four case studies, and a variety of matrices to assist GDO with its strategic planning.

I. BACKGROUND

USAID/Nigeria is currently the largest Mission in Africa and one of the largest in the world. A large share of USAID resources are allocated to health and education activities which fall under the responsibility of the Mission's General Development Office (GDO). The GDO is comprised of two units, the Population, Health and Nutrition (PHN) Unit and the Education Unit. PHN covers three sub-sectors: Child Survival; Population/Family Planning; and HIV/AIDS. This unit has an overall Strategic Objective of ***Increased use of family planning, HIV/AIDS and child survival services.*** PHN works in eight focal states through thirteen implementing partners: BASICS, CEDPA, Engender Health, FHI, JHU/CCP, Pathfinder International, PSI, POLICY Project, the AIDS Alliance, IITA, Netmark, Applied Research in Child Health (ARCH) and Africare. The Education Unit has an overall Strategic Objective of ***Develop Foundation for Education Reform.*** USAID resumed support for primary education following the installation of Nigeria's democratic government, and awarded cooperative agreements to two implementing partners, LEAP and OICI, in 2001. Their activities target four focal states, of which two overlap with PHN focal states. The following table outlines the GDO focal states.

USAID/GDO FOCAL STATES

The GDO portfolio represents 60% of the Mission's budget. Each of the three PHN sub-sectors and the Education unit are managed as separate portfolios and in the past there have been a number of missed opportunities for IP collaboration and joint planning. However, as the GDO begins to plan for the development of a new five-year strategy for 2004-2009, it wants to identify and explore every opportunity for integration and collaboration particularly between the units and sub-sectors.

Key foreign donors working in health and education include the British Department for International Development (DFID), the World Bank, the United Nations Community, Canadian International Development Agency (CIDA), European Union (EU), Japanese International Cooperation Agency (JICA) and the Italian Cooperative Agency. Ford, MacArthur, Packard and the Bill and Melinda Gates foundations have substantial programs in health and education.

In February, a team of consultants from the MEDS Project assessing PHN's IP administrative arrangements created a highly useful series of tables that attempted to identify both geographical and operational areas in which the PHN IPs work and with whom they work. In March, the HIV/AIDS Strategic Assessment Team continued this exercise and produced a PHN IP Program Table. The Team also recommended an intensification of this documentation and mapping exercise as necessary preparation for the new Mission five-year strategy.

II. PURPOSE AND OBJECTIVES OF THE ASSIGNMENT

The Team was tasked with collecting a body of data and providing analysis to assist GDO and USAID/Nigeria in developing the Mission's new strategy for 2004-2009. The Mission is winding down its 4-year transition strategy and will soon begin the design of its new five-year strategy. Data from this documentation and mapping exercise will be critical in terms of identifying GDO's future programmatic and geographic directions, and capitalizing on opportunities for increased collaboration and program synergy.

Specifically, the Team was asked to supplement information gathered under the previous two assessments to include the activities of Education IPs, new GDO IPs such as the AIDS Alliance, Netmark, ARCH and IITA; to identify LGAs benefiting from GDO-supported interventions; to document target populations served; and to document current support for health and education by other major donors. Further, the Team studied different working partnerships currently in place and discussed opportunities to strengthen collaboration with donors and IPs.

The Team was asked to produce a GDO briefing book and develop four case studies documenting positive collaboration models currently in place.

Methodology

Over a period of three weeks in Nigeria, the Team conducted interviews and collected data from IPs and donors in Lagos, Abuja, and Ibadan. Specifically, the Team:

- Interviewed USAID GDO staff
- Conducted interviews with staff from 16 IPs
- Made site visits to two CPHs in Lagos
- Met with representatives of 15 donor organizations[1]
- Reviewed project documentation and donor reports

III. TARGET POPULATIONS, DENOMINATORS

The quality of data in Nigeria is uneven, with the latest national census dating back to 1991. There is little uniformity in state population figures from different sources. GDO asked the team to collect data on target populations served by IP programs so that it can ascertain coverage of USAID-supported activities in each state. This presented difficulties on a number of fronts. Estimates of target populations can vary widely from IP to IP; two IPs working with the Armed Forces report dramatically different population estimates (700,000 vs. 2.5 million). Some IPs, such as CEDPA, report LGA populations as their target populations while they recognize that they only serve a portion of the LGA population. BASICS states that its activities serve entire LGA populations. Based on this information and the large number of LGAs BASICS supports in each state, their coverage is significant (see Annex A). On the other hand, FHI interventions often target institutions such as schools or brothels or PLWHA. Brothel populations are dynamic and changing, while there are ethical problems associated with the enumeration of PLWHA to arrive at a denominator for these programs. The same is true with the LEAP program which targets institutions - and not pupils - as it seeks to effect policy reform. IPs engaged in mass media behavior change activities use formulas which vary according to the age group of the target population to ascertain coverage of their activities (see notes of Annex A)

It probably isn't realistic to expect all IPs to use general population targets, as it may not be relevant to their program objectives. GDO should consider facilitating an IP retreat to determine a mutual source/methodology for determining target populations for service delivery projects, mass communications projects, and other types of projects as applicable. A more specific source might be ward populations, which can be obtained from the Population Commission.

[1] Some donors were interviewed by phone where it was not possible to secure a meeting.

DOCUMENTATION AND MAPPING

The Team met with all the major donors in health and education in Nigeria and aimed to pinpoint their interventions by state and LGA. The same was done for GDO IPs. The 10 focal state maps in Annex provide overviews of donor supported activities in each state (see Annex B). Further the Donor Matrix in Annex C outlines each donor's area of funding priority.

The Program Matrix (Annex D) was updated to include the additional IPs which were part of this Scope of Work, and a list of IP comparative advantages was compiled (Annex E). Finally, IP Fact Sheets were drawn up for each of the 16 IPs (see Annex F).

V. COLLABORATION AND SYNERGIES

In exploring the issue of collaboration, the Team noted two basic categories on the ground: structured/directed partnerships and IP motivated collaborative projects. Under the first category, partnerships/collaborative ventures result from donor directed initiatives. One such directed partnership is the PSRHH project co-funded by USAID and DfID, and implemented by PSI/SFH and its co-contractors. The PSRHH case study in Annex G documents this experience. Similarly, USAID directed Pathfinder, Engender Health, Policy Project and FHI to work with the Armed Forces to support reproductive health and HIV/AIDS interventions. This experience is written up in the case study under Annex H. Another such example is the broad-based inter-agency collaboration around the national immunization program. This nationally focused issue has been an effective point around which to galvanize resources from various sources to achieve a single goal under a global agenda (see Annex I).

The Team noted a positive example of inter-sectoral, inter-IP collaboration in the use of CPHs as implementing partners for health and democracy and governance interventions. These CPHs, created by BASICS, have been enlisted as implementing partners by democracy and governance IPs and reproductive health IPs. They represent a promising service delivery infrastructure for future interventions and USAID's initial investment in the CPHs will be well depreciated over time as they continue to partner in the implementation of GDO programs. Their geographical representation remains limited, however, as they are only present in the three Child Survival focal states. This experience is documented in the case study in Annex J.

Some IPs have been strategic in achieving complementary use of donor funds. Pathfinder, for instance, used MacArthur funding to create demand for services in Delta state, and then used USAID funding to support service delivery. It is exploring similar synergies in Taraba with Ford and Packard funding. Pathfinder, in concert with the National Primary Health Care Development Agency, is leading a coordinated effort in Sadauna LGA; it has just completed a needs assessment in two communities. Data collected was complementary to data collected by WHO for its safer pregnancy assessment. Findings were disseminated to a broad range of partners. They have strong commitment from the SMOH and the State legislature, and the LGA has put in structures and staff in response to the assessment. Efforts are being made to conduct joint monitoring activities with partners.

One example of cross-sectoral collaboration among GDO IPs was noted in Kano where OICI used data on cultural barriers to condom use generated by an FHI situation assessment. The data was used to develop messages relevant to the Hausa risk setting for the HIV/AIDS component of the OICI vocational training program.

IV. RECOMMENDATIONS FOR CROSS-SECTORAL, INTER-IP, INTER-DONOR OPPORTUNITIES

Malaria – Netmark targets primarily pregnant women and children under 5 years of age. These same target populations are served by healthcare facilities supported by FP/RH and CS IPs. They should be enlisted to advocate for the use of treated bednets using materials developed by Netmark, and possibly become distribution agents for free ITNs to the truly vulnerable.

CPHs – need to develop capacity to respond to AIDS in their communities, and most have youth groups, and key gate-keepers such as church groups as part of their memberships. HIVAIDS supported IPs should include CPHs in their activities. JICA support for training in universal precautions would be a welcome input to the CPH health facilities which serve densely populated and high risk areas. CPH representatives also expressed need for vocational training for their youth and credit for revenue generation. GDO should explore linking them with OICI project activities.

FP/RH – demand generation IPs, like CEDPA and service delivery IPs like Engender Health inputs should be maximized by supporting the two IPs' activities in the same geographical areas. One example of such a pairing is the Vision consortium which brings together the complementary inputs of EH and JHU/PCS.

ED-HIV/AIDS - Commission cross-sectoral studies such as the effect of HIV/AIDS on teachers, and continue to support collaborative interventions between ED and HIV/AIDS IPs.

ED- Health - At the end of the project period, LEAP will have developed an important infrastructure for Interactive Radio Instruction (IRI). This could be used for health interventions in a follow-on project designed with health input.

Research - Make more use of ARCH research capabilities across sub-sectors. Optimize PSI/SFH capabilities and explore a larger role for this IP in the collection and dissemination of research data.

Inter-IP collaboration – replicate Pathfinder experience in leading community assessments and coordinating ensuing public-private interventions in given LGAs. USAID can advocate for a culture of collaboration by directing IPs to conduct joint assessments in new target areas.

Inter-donor collaboration – baseline surveys, situation assessments, national surveys, joint project design are all activities which can easily be co-sponsored by donors. Implementation can also be co-sponsored with each donor assuming support of a specific program component or geographic area (states or LGAs). Or alternatively, co-funding in target states. Get donors to mobilize around one specific issue like HIV/AIDS surveillance.

AN OVERVIEW OF USAID SUPPORT TO
ARMED FORCES AND NATIONAL POLICE IN NIGERIA

I. Armed Forces

Between December 2000 and July 2002 (19 months), USAID has invested $875,126 in IP subagreements with the Armed Forces to support HIV/AIDS and FP/RH interventions. Non-monetary inputs include condoms which are provided through PSI/SFH (from DfID), and overseas technical assistance provided by IP headquarters personnel. FP/RH and HIV/AIDS interventions support the three bodies of the Armed Forces: Army, Navy and Air Force. Activities contribute to USAID/Nigeria S.O. 4: ***Increased use of Family Planning/Maternal and Child Health Survival/STI/HIV services and preventable measures within a supportive policy environment.*** IP data indicate that the Nigerian Armed Forces are 100,00 strong with an associated civilian population of 600,000 (source: Pathfinder) – or 2.5 M armed forces and dependents (source: Engender Health).

Implementing Partner	*Managing Partner/Recipient*	*Project scope*	*Key project inputs*	*Amount*	*Period*
Pathfinder Intl. (RH)	Armed Forces Reproductive Health Committee	3 Armed Forces Medical HQ facilities in Lagos, and the Armed Forces Reference Hospital in Kano	Demand creation, site renovation, provision of equipment and commodities, ARH, community mobilization	$128,047	March 2001 – June 2002
Engender Health (RH)	Armed Forces Reproductive Health Committee	3 Armed Forces Medical HQ facilities in Lagos, and the Armed Forces Reference Hospital in Kano	Strengthening of provider clinical skills in long-term FP methods, training in infection prevention, renovation of clinical sites and Air Force Training Center, integrated counseling (FP/RH/HIV/STI) and community outreach, advocacy	64,000	March 2001 – June 2002
FHI (HIV/AIDS)	Armed Forces Programme on AIDS Control (AFPAC)	56 sites in 36 states (over two years)	BCC, peer education, improved access to condoms, improved STI services, care & support to PLWHAs	613,079	Dec. 2000 – July 2002
Futures/Policy (HIV/AIDS)	AFPAC	Ministry of Defense, Armed Forces leadership	Advocacy, KABP study	70,000	April 2000 - ongoing

NOTE: Pathfinder and EH jointly support the conduct of the baseline survey, advocacy, training in male motivation, training in project management, and project advisory and implementation committees' activities. Project monitoring and evaluation activities are conducted jointly.

II. National Police

The Nigerian Police Force is comprised of some 175,000 men and women who reside in barracks across the country. This personnel and their families have access to health services through 48 police clinics nationwide. Activities contribute to USAID/Nigeria S.O. 4: ***Increased use of Family Planning/Maternal and Child Health Survival/STI/HIV services and preventable measures within a supportive policy environment.*** Current USAID investment is $382,264.

Implementing Partner	***Managing Partner/Recipient***	***Project scope***	***Key project inputs***	***Amount***	***Period***
Pathfinder Intl. (RH)	Nigeria Police Force Reproductive Health Committee	Police barracks and clinics in Markudi and Falomo	Advocacy, sensitization, promotion of modern temp. methods, CBD, training in FP and syndromic mgmt., provision of equipment	$43,773	March 2001 - June 2002
Engender Health (RH)	Nigeria Police Force Reproductive Health Committee	3 Police health facilities in Lagos, Kaduna and Makurdi (total target pop: 221,000 police officers and dependents)	Strengthening of provider clinical skills in long-term FP methods, training in infection prevention, renovation of clinical sites and Air Force Training Center, integrated counseling (FP/RH/HIV/STI) and community outreach, advocacy	50,000	March 2001 – Feb. 2002
FHI (HIV/AIDS)	Police AIDS Control Committee (PACC)	36 states and FCT	BCC, peer education, improved access to condoms, improved STI services, care & support to PLWHAs	288,491	15 months

NOTE: EH and Pathfinder jointly support the conduct of the baseline survey, training in project management, MIS, and quality of care issues.

AFRICARE
FACT SHEET

Funding mechanism:	CEDPA subgrant
Funding amount:	$300,000 FY 2001
Other funding:	Ford, Soros, MacArthur, Donner, Shell foundations, and UNDP (90% of total funding)
Central office:	Abuja
Field offices:	Port Harcourt
Staffing:	2 program, 2 support in central office 4 staff in field office
Project states:	FCT, Rivers, and Bayelsa
Implementing collaborators:	Forward Africa, Ogoni Youth Project
Public sector collaboration:	SMOH
Target groups:	OVC and caregivers, adolescents, WRA
National activities:	D&G advocacy
Collaboration with other IPs:	CEDPA, Pathfinder

INTERNATIONAL AIDS ALLIANCE
FACT SHEET

Funding Mechanism:	Cooperative agreement with USAID
Implementing Partner:	Nigerian Network On Ethics, Law, HIV/AIDS, Prevention Support And Care (NNELA)
Funding Amount:	$555,000
Funding period:	January 2001 – January 2003
Central Office:	Ibadan
Field Offices:	Teams in each project state
Staffing:	6 program, 11 support in Central Office 3 program, 2 support in field office
Project states:	Oyo, Osun, Ondo, Ekiti,
LGAs:	Ibadan Northeast, Egbeda, Ibadan, Ibadan Southeast in Oyo; Ikole, Okitipupa, Akure in Ondo; Ife Central, Ife East, Ife North, Ife South, Ile Ife, Ejigbo, Ijebu-Ode in Osun;
Implementing collaborators:	NGOs, CBOs
Public sector collaboration:	States, LGAs
Target groups:	Youth (in and out of school), PLWHA, PABA, CSWs, religious leaders, male and female adults
National activities:	none
Collaboration with other IPs:	none

APPLIED RESEARCH ON CHILD HEALTH (ARCH)
FACT SHEET

Funding Mechanism:	Field support
Implementing Partner:	Boston University/Center for International Health
Funding Amount:	$1,475,000
Funding period:	October 2000 – September 2002
Central Office:	Lagos
Project states:	Oyo, Ogun, Kaduna, Lagos, Enugu, Ekiti, Kirana, and FCT
LGAs:	Ikorodu and Epe in Lagos; Ijetu North in Ogun; Ijede in Ekiti
Implementing collaborators:	Colleges of medicine, teaching hospitals, research institutes, NGOs
Public sector collaboration:	FMOH, SMOH, LGAs, NPHCDA
Target groups:	Policy makers, children 0-5 years, children 0-15 years
National activities:	Research/studies on the epidemiology of congenital malaria
Collaboration with other IPs:	BASICS, Netmark

CEDPA FACT SHEET

Funding Mechanism:	Field Support (ENABLE)
Funding Amount:	$800,000 (FP/RH) in FY 2002 $600,000 (HIV/AIDS) in FY 2001
Other funding:	$1.4 M Packard Foundation (33% of total funding), September 2001 – September 2003
Central Office:	Lagos
Field Offices:	Kano, Enugu, Benue Jos (Packard funded)
Staffing:	15 program, 6 support in Central Office 2 program, 1 support in Kano field office 2 program, 1 support in Enugu field office 1 program, 3 support in Benue field office
Project states:	Lagos, Oyo, Plateau, Ondo, Ekiti, Anambra, Osun, Enugu, Gombe, Kano, Benue, Rivers, Cross-Rivers, Akwa- Ibom, Abuja, Ebonyi, Edo, Nassarawa, Kebbi Packard funded activities in Jos, Kano and Bauchi cities
LGAs:	Billiri, Kaltungo and Shongom in Gombe; Ajeromi/Ifelodun, Surulere, and Mushin in Lagos; Jos South, Bokkos, Panskhin, Langtang South, Wase, Kannam, Mangu in Plateau; Otukpo in Benue; Nassarawa in Kano, Ilesa West, Iwo, Ede, Osogbo, Olorunda, Odo-otin, Ejibgo in Osun; Iseyin, Kajola in Oyo; most LGAs in Ondo, most LGAs in Ekiti; Onitsha North, Onitsha South, Idemili, Awka, Ogbaru, Njikoka in Anambra.
Implementing collaborators:	PPFN, women and youth groups, faith-based organizations, community stakeholders (religious leaders, elected officials, etc.)
Public sector collaboration:	LGAs

Target groups:	Men and women of reproductive age, adolescents, OVC and care providers
National activities:	None
Collaboration with other IPs:	PSI/SFH for commodity social marketing, logistics management training and FP promotion; JHU/PCS for IEC, Vision Project

ENGENDER HEALTH
FACT SHEET

Funding Mechanism:	Field support
Funding Amount:	$1,00,000 (FP/RH) $100,000 (HIV/AIDS)
Funding period:	October 2001 – September 2002
Central Office:	Lagos
Project states:	Cross River, Ekiti, Benue, Kano, Kaduna, Plateau, Ogun, Abia, Anambra, Lagos, Makandi
LGAs:	Umuahia in Abia, Awka South, Onitsha, Aguata, Ihaila in Anambra; Gboko, Katsina Ala, Vandekeya, Makurdi in Benue; Calabar Municipality, Akpabuyo in Cross River, Ado-Ekiti, Irepodun, Ikere-Ekiti, Ido/Osi Ekiti in Ekiti; Zaria in Kaduna; Kano municipality in Kano; Lagos Mainland, Ikeja, Ojo, Lagos Island in Lagos; Abeokuta South in Ogun; Ogbomoso, Ibadan North in Oyo; Jos North, Bassa, Bokkos, in Plateau
Implementing collaborators:	University teaching hospitals, public and private healthcare facilities, commercial healthcare facilities
Public sector collaboration:	FMOH, SMOH
Target groups:	Armed Forces, national police, healthcare providers, men & women of reproductive age, religious leaders
National activities:	FP/RH for armed forces and police
Collaboration with other IPs:	JHU/PCS for counseling training, Pathfinder on armed forces and police project, PSI/SFH on commodity supply

BASICS
FACT SHEET

Funding mechanism:	Field support under BASICS II (ends June 2004)
Funding amount:	$6,000,000 FY 2001
Central office:	Lagos
Field offices:	Abia, Kano, Lagos, and liaison rep in Abuja
Staffing:	12 program, 24 support* in central office 3 program, 3 support in Lagos field office 4 program, 4 support in Aba field office 5 program, 10 support* in Kano field office 1 program, 1 support in liaison office
Project states:	Lagos, Abia, Kano
LGAs:	Surulere, Mushin, Badagry, Shomolu, Ibeju Lekki, Kosofe, Lagos Island, Lagos Mainland, Ajeromi/Ifelodun in Lagos; Kano Municipal, Nassarawa, Gwale, Dala, Bebeji, Kura, Kabo, Tsanyawa, Warawa in Kano; Aba South and Aba North in Abia
Implementing collaborators:	NGOs, associations, CBOs, schools
Public sector collaboration:	LGAs, National Programme on Immunization, FMOH, SMOH, National Primary Health Care Development Agency
Target groups:	Children 0-5 years old, pregnant women, WRA
National activities:	Polio eradication campaign, training for immunization service providers, nutrition survey, Roll Back Malaria Initiative
Collaboration with other IPs:	CEDPA on jointly implemented programs in Kano and Lagos, JHU for promotion of immunization in 20 CS target LGAs, Netmark on malaria activities, ARCH and IITA on research

* support staff include JSMB admin personnel.

POLICY PROJECT/FUTURES GROUP
FACT SHEET

Funding Mechanism:	Field support
Funding Amount:	$505,000 (FP/RH) October 2001 – September 2002 $1,000,000 (HIV/AIDS) October 2000 – September 2001 $100,000 (CS) June 2002 – July 2003
Central Office:	Abuja
Staffing:	4 program, 5 support
Project states:	N/A
Implementing collaborators:	Civil society networks and coalitions, NGOs
Public sector collaboration:	NPC, NACA, Ministry of Defense, Ministry of Women's Affairs and Youth Development
Target groups:	Policy making bodies
National activities:	Development of national population policy, development of interim HIV/AIDS strategy, development of OVC strategy
Collaboration with other IPs:	FHI and CEDPA in development of national policies on RH and HIV/AIDS, FHI on Armed Forces project.

INTERNATIONAL INSTITUTE OF TROPICAL AGRICULTURE (IITA)
FACT SHEET

Funding Mechanism:	Field Support (Food Security and Crisis Mitigation Program)
Funding Amount:	$530,000
Funding period:	October 2001 – September 2002
Co-funding:	UNICEF, Helen Keller Foundation
Central Office:	Ibadan
Field Offices:	Teams in each project state
Staffing:	Central office: 11 program, 3 support Field office: 9 program, 2 support
Project states:	Akwa-Ibom, Bayelsa, Borno,Edo, Imo, Kwara, Kaduna, Kano, Kebbi, Osun, Taraba, Nassarawa
LGAs:	72 LGAs in 12 project states
Public sector collaboration:	SMOH, LBAs, National Planning Commission, FMOH, Federal Ministry of Agriculture
Target groups:	women with children 0-5 years
National activities:	National Food Consumption and Nutrition Survey
Collaboration with other IPs:	BASICS

JOHNS HOPKINS UNIVERSITY/POPULATION COMMUNICATION SERVICES (JHU/PCS)
FACT SHEET

Funding Mechanism:	Field Support
Funding Amount:	$1,100,000 (CS), $750,000 (FP/RH) in FY 2002 $500,000 (HIV/AIDS) in FY 2001
Other funding:	Packard Foundation (10-15% of total funding), April 2000 – April 2003
Funding period:	October 2001 – September 2002
Central Office:	Lagos
Field Offices:	Kano, Enugu, Ibadan
Staffing:	13 program, 6 support in Central Office 1 program, 1 support in Kano field office (+ 3 staff funded by Packard) 2 program, 1 support in Enugu field office 3 program, 2 support in Ibadan field office
Project states:	Lagos, Abia, and Kano (CS) Lagos for HIV/AIDS Hotline Sokoto, Niger, Kaduna, Bauchi, Gombe, Adamawa, Enugu, Abia, Rivers, Edo, Ondo, Oyo, Lagos (FP/RH) Kano (Packard)
Implementing collaborators:	Youth serving NGOs, PPFN, advertising and research agencies
Public sector collaboration:	MOI, MOH, National Programme on Immunization, NPC
Target groups:	Adolescents (10-24), young adults (15-30), parents and child-minders, opinion leaders
National activities:	FP/RH mass media campaigns, social mobilization for

	routine immunization and polio eradication (NIDS)
Collaboration with other IPs:	TA in IEC to BASICS, Pathfinder, EH and CEDPA, promotion of child survival with BASICS

FAMILY HEALTH INTERNATIONAL (FHI)
FACT SHEET

Funding mechanism:	Field support under IMPACT (ends 2007)
Funding amount:	$6,000,000 FY 2001
Other funding:	$588,000 FY 2002
Central office:	Lagos
Field offices:	Anambra, Kano, Taraba, and Lagos
Staffing:	8 program, 13 support in central office 3 program, 2 support in each field office
LGAs:	Lagos Mainland, Ojo, Ajeromi/Ifelodun in Lagos; Nassarawa, Fagge, Gwale, Rimin Gado, Tarauni, Gaya, Madosi, Shanono, Garko, Kunshi, Tofa, Tundun Wada, Gwarzo, Bagurai, Takai, Rano in Kano;
Project states:	Focal states: Anambra, Kano, Lagos, Taraba Secondary states: Abia, Enugu, Ebonyi, Katsina, Osun, Ondo
Implementing collaborators:	NGOs, associations, labor unions, CBOs, faith-based organizations
Public sector collaboration:	NACA, SACAs, LACAs, NASCP, FMOH, SMOH, Ministry of Education, Ministry of Defense
Target groups:	high risk groups, vulnerable populations, PLWHA, OVC
National activities:	TA to NACA and NASCP, Armed Forces and National Police
Collaboration with other IPs:	PSI/SFH for condom distribution, Policy Project and PSI/SFH on Armed Forces project.

OPPORTUNITIES INDUSTRIALIZATION CENTERS INTERNATIONAL (OICI) FACT SHEET

Funding Mechanism:	Cooperative Agreement
Funding Amount:	$2.9 million (75% of total OICI funding in Nigeria)
Funding period:	January 2001 – January 2003
Other funding:	Shell
Central Office:	Lagos
Field Offices:	Kano, Warri, Edo, Ekiti
Staffing:	Central office: 25 program, 15 support Kano field office: 15 program, 10 support Warri field Office: 20 program, 3 support Edo field office: 2 program, 4 support Ekiti field office: 4 program, 6 support
Project states:	Kano, Lagos, Delta, Ekiti, Edo, Rivers
Public sector collaboration:	State Ministry of Education, Federal Ministry of Education, Federal Ministry of Labor, Ministry of Health
Implementing collaborators:	SWAN (TOT for HIV/AIDS counselors), Action Health Inc.
Target groups:	skills training institutions, men and women 18-34 years
Collaboration with other IPs:	FHI, LEAP

LITERACY ENHANCEMENT ASSISTANCE PROGRAMME (LEAP) FACT SHEET

Funding mechanism: Cooperative Agreement with USAID/Nigeria

Implementing Partners: World Education, Research Triangle Institute, and Education Center

Funding amount: $10.8 Million

Funding period: September 2001 to February 2002

Co-funding: cash and in-kind contributions from participating States

Central office: Abuja
Field Offices: teams in each project state

Project states: Kano, Lagos, and Nassarawa

LGAs: Lagos Island, Kosofe, Ibeju Lekki in Lagos State; Kano Municipal, Tsanyawa, Aginji in Kano State; Akwanga, Doma, Keffi in Nassarawa State.

Implementation collaborators: NGOs, Parent-Teacher Associations

Public sector collaboration: States, LGAs, Federal Ministry of Education, Universal Basic Education

Target groups: Policy makers, secondary school teachers, pupils ages 9-12

National activities: Participation in Educational Sector Analysis planned**.**

Collaborations with other IPs: None

NETMARK FACT SHEET

Funding mechanism: Field Support

Implementing Partners: Academy for Educational Development, SC Johnson, with technical input from the Dept. of International Health of Johns Hopkins University and the Malaria Consortium

Funding amount: $1,096,000

Funding period: October 2001 – September 2002

Co-funding: cash and in-kind contributions from participating States

Central office: none currently

Project states: National (Year 1 implementation in FCT, Lagos, Rivers, Edo, Abia and Kano)

Implementation collaborators: CenterSpread, Group Africa, local distributors and wholesalers

Public sector collaboration: Federal Ministry of Health

Target groups: children 0-5, pregnant women

National activities: Roll Back Malaria

Collaborations with other IPs: BASICS

THE VISION PROJECT
FACT SHEET

Funding Mechanism:	Cooperative agreement with USAID/Nigeria
Implementing Partners:	Engender Health, JHU/PCS, PSI, INTRAH
Funding Amount:	$9,946,246
Funding period:	September 2001 – September 2004
Central Office:	Lagos
Field Offices:	Enugu, Bauchi, Oyo
Staffing:	9 program, 4 support in Central Office 4 program, 3 support in each field office
Project states:	Bauchi, Enugu, Oyo
LGAs:	Enugu East, Enugu North, Igbo-Ekiti, Nkanu West, Udenu in Enugu; Afijino, Ibadan Southwest, Ibadan East, Orire in Oyo; Ogbomoso, Alkeri, Bauchi, Giade, Keffi, Balewa in Bauchi
Implementing collaborators:	NGOs, CBOs
Public sector collaboration:	SMOH, LGAs
Target groups:	Youth, men and women of reproductive age
National activities:	Development of FP guidelines, standards of practice for RH, national RH training curriculum, introduction and institutionalization of MAQ exchange approach, performance improvement needs assessment.
Collaboration with other IPs:	CEDPA

PATHFINDER INTERNATIONAL
FACT SHEET

Funding Mechanism:	Cooperative Agreement with USAID/Nigeria
Funding Amount:	$631,000 in FY2002
Funding period:	2000 - July 2003
Other funding:	Packard (40%) 2000-03, Ford (30%) 2001-02, MacArthur (2-5%)
Central Office:	Lagos
Field Offices:	Kaduna (Packard funded), liaison rep in Abuja (housed at Policy Project offices)
Staffing:	15 in Central Office; 7 in Kaduna field office
Project states:	USAID – Lagos, Kano, Delta, Anambra, Ondo, Cross River, Abia, Benue, Enugu, Oyo, Edo PACKARD - Kaduna, Borno, Kano, Katsina, Sokoto, Niger FORD – Lagos, Edo, Cross River, Kano, Kaduna, Osun, Oyo, Kebbi, Bayelsa, Taraba, Rivers
LGAs:	USAID – Lagos Mainland, Ikeja, Ojo, Etiosa in Lagos; Makurdi in Benue; Patani in Delta; Badawa in Kano; Akure, Oja-Oshodi in Ondo, Aba in Abia; Enugu in Enugu, Calabar in Cross River, Benin in Edo, Ibadan in Oyo. PACKARD – Kaduna metro, Kafanchan, Igabi, Kachia in Kaduna; Maiduguri, Jema'a, Jerre, Kanduga, Bama in Borno; Katsina, Dutsin-Ma in Katsina; Nassarawa, Pagge, Warawa, Dawakin in Kano; Sokoto North and South, Kware, Gwadabawa in Sokoto; Minna, Suleja, Bosso, Bida in Niger FORD – Sadauna in Taraba; Nembe West in Bayelsa; Kaana in Rivers; Kano Municipal, Rogo, Kabo in Kano

Implementing collaborators:	Religious leaders, market women, LGA, CPH, PPFN, Armed Forces Reproductive Health Committee, Officers' Wives Association, pubic and private hospitals
Public sector collaboration:	FMOH, SMOH, SOME, National Primary Healthcare Development Agency
Target groups:	Youth, men and women of reproductive age, Armed Forces, National Police
National activities:	none
Collaboration with other IPs:	joint project activities with EH for Armed Forces and National Police PSI/SFH and PPFN on contraceptive supply JHU, FHI on IEC materials development for Armed Forces JHU, EH, FHI and CEDPA on increasing integration of FP and HIV/AIDS at the community level

POPULATION SERVICES INTERNATIONAL/
SOCIETY FOR FAMILY HEALTH
FACT SHEET

Funding mechanism: Promoting Sexual & Reproductive Health for HIV/AIDS Reduction in Nigeria (PSRHH), a project jointly funded by DfID and USAID

Implementing Partners: Society for Family Health, PSI, Action Aid, Crown Agents
Technical Partners: FHI, BBC World Service Trust, Professor David Wilson, Akada Consult

Project budget is $89,000,000 made up of the following contributions:
DfID - $75,504,000
USAID - $22,400,000 (AIDSMARK Field Support)

Funding period: January 2002-December 2008 (Phase I)

Co-funding: $75,504,000 from DfID; $4,000,000 in local contributions and sales

Central office: Abuja
Regional Offices: Lagos, Aba, Abuja, Benin, Calabar, Enugu, Ibadan, Jos, Kano, Maiduguri, Makurdi, Sokoto

Project states: national coverage

Staffing: 41 in Lagos and Abuja (funded by DfID)
5 (4 professionals and 1 driver) in each regional office (funded by DfID)

Implementation collaborators: Group Africa and other artistic groups, ad agencies, National Youth Service Corpos, research & marketing agencies, wholesale distributors, pharmacies

Public sector collaboration: Federal: NACA, NASCP, Dept. of Communications, FMOI, FMOE, Women's Affairs and Youth
State: SACA, MOE, MOI
Local: LACA

Target groups: vulnerable populations, high risk groups and the poor

Collaborations with other IPs: partner on the Vision Project, commodity supply and logistics management to all IPs.

A STRUCTURED MULTI-DONOR, MULTI-PARTNER COLLABORATION TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH
FOR PREVENTION OF HIV/AIDS

~ A CASE STUDY ~

Two of the largest health sector donors in Nigeria have pooled their resources to launch a seven-year project aimed at strengthening the national response to the HIV/AIDS epidemic. In 2002, DfID and USAID awarded the Promoting Sexual and Reproductive Health for Prevention of HIV/AIDS (PSRHH) contract to a multi-agency consortium led by Population Services International/Society for Family Health. The program is designed to work within the framework of the HIV/AIDS Emergency Action Plan (HEAP) coordinated by the National Action Community on HIV/AIDS (NACA). Program strategies will respond to high levels of poverty, low contraceptive prevalence rates and increasing HIV/AIDS prevalence rates. PSRHH seeks to reduce HIV/AIDS prevalence by 25% among 15-24 years old by 2015, reduce STD prevalence among high-risk groups, and reduce the rates of unwanted pregnancy among teenagers.

Key PSRHH objectives are to increase access to safer sex and services, and to empower local implementing agencies to manage their own social marketing and behaviour change programs. The Project will develop intensive community based activities to complement mass media, expand and focus media work, create and engage synergies between mass media and interpersonal or community-based initiatives. A large share of capacity building activities are centred on NACA to strengthen its leadership role in the implementation of HEAP.

The Project budget amounts to $89,000,000 with DfID contributing $52,800,000 and USAID contributing $32,200,000. Revenue from sales of commodities and local contributions are expected to total $4,000,000 over the life of the project. DfID and USAID also share commodity procurement responsibilities: DfID procures noristerat and condoms, while USAID procures oral contraceptives, depo provera and IUDs.

In responding to the call for proposals for PSRHH, PSI/SFH assembled a team of international and national organizations based on their respective strengths and experience in community-based interventions, monitoring and evaluation, behaviour change programs, capacity building, logistics and procurement. The SFRHH is made up of two partnership levels: implementing and technical. The implementing partners are PSI, SFH, Action Aid and Crown Agents. FHI, BBC World Service Trust, Professor David Wilson, Akada Consult, and Nana Tanko were recruited as technical partners.

A Steering Committee made up of DfID, USAID and NACA provides oversight of the project. The managing partners responsible for implementation are PSI, SFH, Action Aid and Crown Agents. Each plays a defined role according to its institutional expertise:

- PSI - coordination and capacity building
- SFH - local national partner for commodity distribution and behaviour change.
- Action Aid – development of effective community-based responses, capacity building for civil society and NGO networks.
- Crown Agents - logistics support and procurement

Technical partners providing specialised inputs are:

- Akada Consult - organisational development
- BBC World Service Trust - to participate in the annual BC strategic planning process and provide training and capacity development
- Family Health International - strategic planning, training and capacity building
- Voluntary Services Organization - to provide 2 volunteers to SFH to build capacity in the use of information technology
- Dr. Nana Tanko – to facilitate gender mainstreaming
- Professor Wilson - technical assistance to improve interventions for vulnerable and high risk groups including CSWs and their clients

Five program sub-committees for Communications, Research, Policy and Advocacy, Northern program, and Southern program complete the management structure of PSRHH.

Although the program is still in its early stages, there have been noteworthy results. Key national indicators for monitoring and evaluation under 14 thematic areas have been developed in concert with Federal, State and LGA authorities through NACA. This provides a common reporting language for all partners. Mapping of high risk communities has been completed, defining areas of risk concentration. Adherence to a mutual agenda, HEAP, has helped focus and motivate NACA. A bottom-up planning process has built strong community participation. Consultation, coordination and collaboration are being used at all project management levels to ensure participation from all project stakeholders.

This partnership represents a promising strategy to mobilize the level of resources required to address the magnitude of the HIV/AIDS problem in a country as vast and diverse as Nigeria. Donors and implementing partners have pre-defined their inputs in a complementary manner to maximize resources and reduce duplication/wastage.
Collaboration, including community participation, begun at the project planning stage, has been strengthened during implementation. Other partnerships base a degree of their success on the leadership of a strong national agency. PSRHH has adopted the capacity building of NACA as a priority strategy. Each partner also benefits from the partnership through the sharing of strategies, approaches and tools. Finally, the presence of a national framework, HEAP, is key to guiding the efforts of the partnership and building national capacity for HIV/AIDS control.

PARTNERSHIP FOR EXPANDED PROGRAM ON IMMUNISATION

~ A Case Study in Inter-Agency Collaboration ~

One of the notable inter-agency partnerships working to promote child health in Nigeria today is the Partnership for Expanded Program on Immunization. The Program was launched in 1979 and achieved 81.5% immunization coverage in 1990. However by 1999, there was a major decline in coverage as a result of faltering political support, inadequate funding and poor community participation. Maternal and child morbidity and mortality rates have risen sharply in the last decade. Vaccine preventable diseases comprise the second main cause of under –5 mortality and the third main cause of infant deaths in Nigeria. In 1999, 95 cases of wild poliovirus were detected in 30 states. Today, Nigeria remains one of 14 countries with a significant reservoir of poliovirus with a high risk of continued transmission.

Emphasis on National Immunisation Days (NIDs) began in 1996 using the fixed post strategy. Despite successive rounds in 1997 and 1998, targets were not met. The program underwent a major expansion in 2000 with a massive injection of resources and the introduction of Vitamin A supplements to address widespread deficiency. As of the third round of NIDs in 2001, 47.6 million children under five years of age were vaccinated with OPV, contrasted with 44 million in round 2 in 2000.

The Polio Eradication Initiative was introduced to help Nigeria comply with the global mandate for eradication of polio by the year 2002 and certification of Polio Free status by 2005. The overriding goal is to strengthen the national system for provision of routine immunisation for sustained long-term management of childhood diseases.

The Federal Ministry of Health through the National Program on Immunisation (NPI) leads the team of stakeholders comprising donors, private sector NGOs, CBOs and the three tiers of Government. The partnership is managed by the Inter-Agency Coordinating Committee (ICC) comprised of NPI, the World Health Organisation, UNICEF, and USAID. Subcommittees for finance, social mobilisation, technical support and training support the ICC. JHU plays a leading role in the social mobilization effort and serves as Secretariat for the National Social Mobilization Committee. BASICS ensures high quality and effective training at all levels, from national to district.

Donors are also engaged in active collaboration in the implementation of immunization programs. Since 1999, USAID has been piloting a model for full service healthcare in communities in 20 LGAs through the BASICS project. This service model benefits both routine and supplemental immunization interventions. UNICEF and DfID have selected 30 additional LGAs for similar programs.

Beyond the ICC membership, the following agencies also support the national program on immunization and bring the following comparative strengths to the program:

Role	***Agency***
Leadership and implementation	NPI
Development of training curriculum/guide	BASICS II
Surveillance and capacity building	WHO
Provision of vaccines, cold chain, monitoring and evaluation	UNICEF
Funding	USAID, DFID, EU, CIDA, GAVI, JICA
Social mobilisation	JHU, Red Cross, Coca Cola, NURTW and traditional institutions
Monitoring	Rotary International
Implementation in facilities	CHAN

Under the management of the Partnership, results are increasingly positive. Only five new polio cases were confirmed from January to October 2001**.** The target to halt transmission by 2002 is achievable. Political will and support has been sustained, and the Partnership has been provided with additional financial resources. The recognition of the role played by traditional and religious structures in the communities has been instrumental to promoting sustainability. Social mobilisation partners have played an important role in ensuring that communities participate in immunisation activities from the planning phase onwards. The strong collaboration among donors has resulted in a successful Vitamin A supplement program, and important gains in building the capacity of implementation partners to conduct routine and supplementary immunization.

The key factors driving the success of this partnership include the global context, leadership and support provided by the Global Polio Eradication Initiative. The clear goal of the Initiative has eased the task of mobilising and managing resources around this single issue. The initiative is succeeding because it combines public-private
comparative strengths to meet country specific circumstances under the leadership of NPI. Clear leadership objectives and definition of roles and responsibilities create confidence and commitment. A continuous dialogue/consultation on relevant issues, objectives, and strategies maintains the commitment of the partners and recognises stakeholders' priorities. Involvement of all three tiers of government has also been instrumental. Lowest levels of Government participate in grassroots mobilisation in this community focussed activity, the capacity of States is being developed to monitor LGA activities, while policy makers ensure national ownership of the Initiative.

SELECT DATA FOR IPS OPERATING IN USAID/PHN FOCAL STATES

PHN focal state	Population (in millions) 2000	Fully immunized children (%)[2]	CPR (%)[3]	HIV prevalence (%)[4]	No. of LGAs	PHN sub-sector	IP	No. of selected LGAs	Coverage[5]
LAGOS (CS, HIV/AIDS)	7.7	28.6	15.5	2.1	20	CS	BASICS/JHU	9	3,900,000
						HIV/AIDS	FHI	3	3,569,476
						FP/HIV	PSI	N/A	2,933,600[6]
						FP/RH*	Pathfinder/EH	N/A	129,000[7]
						FP/RH*	CEDPA	2	421,885[8]
						FP/RH*	JHU	N/A	2,576,400[9]
						HIV/AIDS	JHU	N/A	1,000,000
ABIA (CS)	3	24.9	9.1	3.3	17	CS	BASICS/JHU	2	667,779
						FP/RH*	Pathfinder	N/A	50,086
						FP/RH*	EH		23,630
						FP/HIV*	PSI	N/A	1,196,600
						FP/RH	JHU	N/A	1,050,900
KANO (CS, HIV/AIDS)	7.6	7.5	2.2	5.1	44	CS	BASICS/JHU	9	2,100,000
						HIV/AIDS	FHI	3	3,200,000
						FP/HIV	PSI	N/A	2,972,200
						FP/RH*	Pathfinder	N/A	350,000
						FP/RH*	EH		404,000
						FP/RH*	CEDPA	1	145,736
BAUCHI (FP/RH)	3.7	7.5	2.2	6.1	20	FP/RH	Vision	5	1,070,000
						FP/HIV	PSI	N/A	1,466,800
						FP/RH	JHU	N/A	1,288,200
OYO (FP/RH)	4.5	28.6	15.5	3.8	33	FP/RH	Vision	5	762,042
						FP/RH	CEDPA	2	208,208
						FP/HIV	PSI	N/A	1,775,600
						FP/RH	JHU	N/A	1,559,400
						HIV/AIDS	Aids Alliance	4	481,000
ENUGU (FP/RH)	2.4	24.9	9.1	6.5	17	FP/RH	Vision	5	871,042
						FP/HIV	PSI	N/A	1,080,800
						FP/RH	JHU	N/A	949,200

[2] 1999 NDHS, regional data
[3] Married women using modern methods by region, 1999 NDHS
[4] HIV/AIDS in Nigeria brochure, NASCP, NACA,Policy Project, March 2002
[5] Coverage = total population in selected LGAs, unless stated otherwise
[6] Men and women (15-35) exposed to media messages or 38.6% of state population
[7] Police only; breakdown for Armed Forces not available
[8] CEDPA supported activities do not cover entire LGA population
[9] Men and women (15-30) exposed to media messages or 33.9% of state population

PHN focal state	Population (in millions)	Fully immunized children (%)[10]	CPR (%)[11]	HIV prevalence (%)[12]	No. of LGAs	PHN sub-sector	IP	No. of selected LGAs	Coverage[13]
TARABA (HIV/AIDS)	2	19.6	10.9	6.5	16	HIV/AIDS	FHI	4	718,351
						FP/HIV	PSI	N/A	764,280
ANAMBRA (HIV/AIDS)	3.7	24.9	9.1	6.4	21	HIV/AIDS	FHI	3	2,500,000
						FP/RH*	EH		870,289
						FP/RH*	CEDPA	2	3,100,000[14]
						FP/HIV	PSI	N/A	1,428,200

* Not a USAID focal state for FP/RH

[10] 1999 NDHS, regional data
[11] Married women using modern methods by region, 1999 NDHS
[12] FMOH 2001 Sero-surveillance survey
[13] Coverage = total population in selected LGAs, unless stated otherwise
[14] Figure reflects estimate of market population

SELECT DATA FOR IPS OPERATING IN USAID/EDUCATION FOCAL STATES

Education Focal States	Population (in millions) 2000	% of population aged 15 and above. Literacy Rate By Zone	No of Targetted Schools for Literacy and numeracy agenda	No of students in skills Training	No. of LGAs	Education sub-sector	IP	No. of selected LGAs	Coverage[15] Institution Number is the number of institution targetted
Lagos	7.7	Male Female 74 55	110	9875	20	Literacy Numeracy vocational Traing	LEAP LEAP NOIC	3	110
KANO	7.6	40 22	110		44	Literacy Numeracy vocational Traing	LEAP LEAP NOIC	3	110
NASSARAWA	1.6	42 21	110			Literacy Numeracy vocational Traing	LEAP LEAP		110 110
DELTA	3.3	74 60				Vocational Training	NOIC		

[15] Coverage = total population in selected LGAs, unless stated otherwise

NIGERIA DONOR MATRIX FOR HEALTH AND EDUCATION

DRAFT - June 2002

Donor	***Thematic Focus***	***Geographic Focus***
CIDA	Training of primary healthcare workers; funding of multilateral programs (WHO/polio eradication, UNFPA/RH and contraceptive procurement, WHO/TB)	**Bauchi,** Cross-River (to be implemented 2004)
DfID	Health systems, malaria (ITNs), HIV/AIDS (surveillance, prevention to care continuum), RH; Education (through World Bank)	National; Benue, Jigawa, **Enugu,** Ekiti
European Union	Child survival: Routine immunization, polio eradication Education: school construction	Health/education: Osun, **Abia**, Cross-Rivers, Plateau, Kebbi, Gombe Micro-projects: **Delta,** Rivers, Bayelsa, Edo, **Abia,** Cross-River, Akwa Ibom, Ondo, Imo.
Ford Foundation	FP/RH: Safe motherhood, adolescent sexuality and RH, STIs & HIV/AIDS, gender, policy	National; **Oyo, Kano, Enugu, Nassarawa**[16]
Gates Foundation/APIN	HIV/AIDS: research, prevention, care and support	Lagos, Oyo, Plateau
GAVI	Child Survival: Routine immunization	National
Italian Cooperative Agency	HIV/AIDS: High risk population interventions	Lagos, Kaduna
JICA[17]	HIV/AIDS: awareness, blood safety, VCT, care & support, advocacy, surveillance Child Survival: malaria; immunization MCH. Education: school construction	Education: Plateau, Kaduna, Niger

[16]Incomplete listing: reflects only overlap with USAID focal states

[17] JICA has agreed to fund CPHs; these are not yet designated

Donor	***Thematic Focus***	***Geographic Focus***
MacArthur Foundation	FP/RH: Maternal mortality & morbidity, adolescent reproductive rights Education: university strengthening	**Enugu,** Borno, Rivers and **Lagos**[18]
Médecins sans Frontières	Emergency preparedness, HIV/AIDS & TB, Malaria	**Lagos,** Bayelsa
Packard Foundation	ARH, safe abortion, leadership training	**Kano, Bauchi,** Plateau, Borno, Adamawa, Jigawa, Kaduna
UNAIDS	National level coordination and funding of NACA, establishment of SACAS, capacity building	National
UNICEF	Child Survival: maternal & neo-natal care, immunization, nutrition, vitamin A HIV/AIDS: MTCT, care of infected children and orphans, health awareness for adolescents Education: child friendly school initiative, school construction, nutrition, water and sanitation, policy development for Education for All, learning and girls' education, HIV/AIDS core education	100 focal LGAs in 36 states[19] for CS Ed: **Abia**, Akwa Ibom, **Anambra**, Bayelsa, Benue, Cross River, Ebonyi, **Enugu**, Imo, Rivers
UNFPA	Integrated reproductive health, commodity promotion and distribution, renovation of primary health centers, family life education, income generating activities	**Abia, Anambra, Bauchi,** Borno, Edo, Delta, Plateau, Ogun, Osun, Gombe
UNESCO	Capacity building of national education institutions, such as the National Teachers' Institute, National Institute for Education and Planning, Education Inspectorate; Universal Basic Education study in 13 states, Nigerian Education Sector Analysis (in collaboration with WB, UNICEF, USAID, DfID); teacher training, guidance and counseling for school age girls, application of IT.	National

[18] Selection not yet finalized
[19] LGAs not available from UNICEF

Donor	***Thematic Focus***	***Geographic Focus***
WORLD BANK	Health systems: Strengthening Capacity for System Management, Strengthening delivery of priority services, Capacity strengthening for Federal Ministry of Health (policy, HMIS, M&E) HIV/AIDS: Support of HEAP through NACA Ed: Universal Basic Education project (2002-07); Universities System Innovation Project (5 years); Primary Education Project II	Education: Benue, **Enugu,** Jigawa, Ekiti, **Lagos, Oyo**, Plateau, Katsina, Kaduna, Niger, **Taraba,** Borno, Bayelsa, Rivers, Ebonyi Health systems: all states except Kano Priority health services: Adamawa, **Taraba**, Borno, Kebbi, Sokoto, Zamfara, Kogi, Kwara, FCT, **Enugu,** Ebonyi, **Anambra,** Osun, Ondo, Ekiti, Delta, Rivers, Bayelsa. ADB states are **Bauchi**, Yobe, Niger, Benue, Kaduna, Katsina, Imo**, Abia, Lagos, Oyo**, Akwa-Ibom, Edo HIV/AIDS: Akwa-Ibom, **Lagos,** Benue, Kaduna, **Taraba,** Ebonyi,
WHO	FP/RH: Maternal and newborn morbidity and mortality, Making Pregnancy Safer (MPS), ARH (in-school youth) HIV/AIDS: surveillance, training and logistics support, development of care and support manual, capacity building, blood safety Child Survival: surveillance of 5 killer diseases in children, TA and surveillance for EPI.	National; **Lagos** (Mainland and Badagri LGAs); **Abia** (Abia North LGA); **Kano** (LGAs to be designated), Borno, Imo, Niger, Osun, Akwa-Ibom.

Note: Bold indicates USAID/GDO focal state

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